IGNITE

Interoperability: APIs and FHIR Heat Up

Webinar 4: APIs and Sponsors

INTEROPATHON | 2020 | Hosted by: INTEROPERABILITY INSTITUTE

PRESENTED BY

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Today's Agenda

01 **Welcome**

Sponsors
Diamter Health, Lyniate and Augusto

02

03 **Application Programming Interfaces (APIs)**
1upHealth, Health Gorilla, HSLynk

Q&A

04

05 **Conclusion**

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President and Chief Strategy Officer

May 21, 2020

Diameter Health

APIs Empower Incredible Apps

Lyft and Uber work using GPS APIs

- Allows data to reliably be retrieved from driver and the rider
- Consistent, clean data format
- Machine algorithms work superbly on clean data
- Allows developers to focus on innovation (not normalizing data)

FHIR Depends on Standard Data Inputs

```
{
  "location": {
    "lat": 51.0,
    "lng": -0.1
  },
  "accuracy": 1200.4
}
```

This is what Google APIs return for location data

The power of APIs is that this is incredibly simple, even for a developer who doesn't know much about geolocation:

- location.lat = latitude in degrees
- location.lng = longitude in degrees
- accuracy = radius in meters of accuracy

Simplicity = easy implementation

Can't customize data format and only 2 vendors!

Sample API call from https://www.googleapis.com/geolocation/v1/geolocate
Source: https://developers.google.com/maps/documentation/geolocation/intro

FHIR Example


```
{
  "resourceType" : "MedicationStatement",
  "id" : "uscore-ms1",
  "meta" : {
    "profile" : [
      "http://hl7.org/fhir/us/core/StructureDefinition/us-core-medicationstatement"
    ]
  },
  "text" : {
    "status" : "generated",
    "div" : "<div xmlns=\"http://www.w3.org/1999/xhtml\"><p><b>Generated Narrative with Details</b></p><p><b>id</b>: uscore-
ms1</p><p><b>meta</b>: </p><p><b>status</b>: active</p><p><b>medication</b>: lisinopril oral 10 mg <span style=\"background: LightGoldenRodYellow\">(
Details : {RxNorm
-example.html\">
5555(HOME)" amy
&amp;gt; (ongoing)</p
  },
  "status" : "active
  "medicationCode
    "coding" : [
    {
      "system" : "h
      "code" : "206
      "display" : "L
    }
    ],
    "text" : "lisinop
  },
  "subject" : {
    "reference" : "Patient/example",
    "display" : "Amy Shaw"
  },
  "effectivePeriod" : {
    "start" : "2010-05-01"
  },
  "dateAsserted" : "2016-05-01T16:13:03Z"
}
```


```
"coding" : [
    {
      "system" : "http://www.nlm.nih.gov/research/umls/rxnorm",
      "code" : "206765",
      "display" : "Lisinopril 10 MG Oral Tablet [Prinivil]"
    }
  ],
```

What happens if it's not coded right?

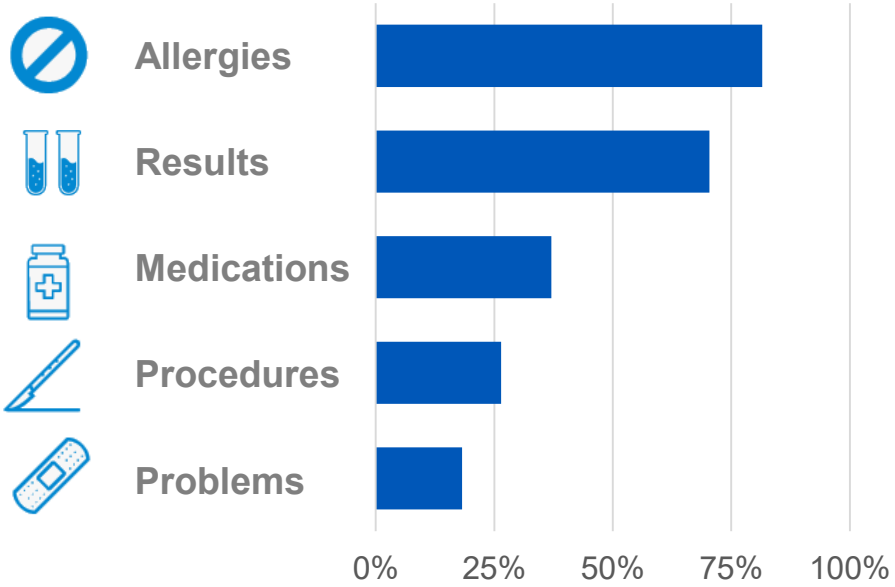
What if text and coding don't align?

What happens when the sig is unstructured?

Sample API call from hapi.fhir.org adapted to US CORE Example
http://hl7.org/fhir/us/core/2019Jan/MedicationStatement-uscore-ms1.json.html

Diameter Health

FHIR Won’t Ignite Without Clean Data



How can we improve healthcare when

- 80% of allergies aren’t coded appropriately (30% no code at all)
- 70% of lab results don’t use right vocabulary or units (45% = no LOINC)
- Nearly 40% of medications don’t have right coding for quality measures[1]

1. D’Amore et al. Using Clinical Data Standards to Measure Quality: A New Approach. *Applied Clinical Informatics.* 2018

The Need For Data Refinement

The Pipes

Transports crude clinical data from source to where needed

Refinery

Create high-octane fuel from unrefined data resources

The Car

Uses the fuel to drive improvements in healthcare

FHIR Patient Access Demo

- https://www.youtube.com/watch?v=zfcX8DJwAus
- 1:53 running time

Thank you.

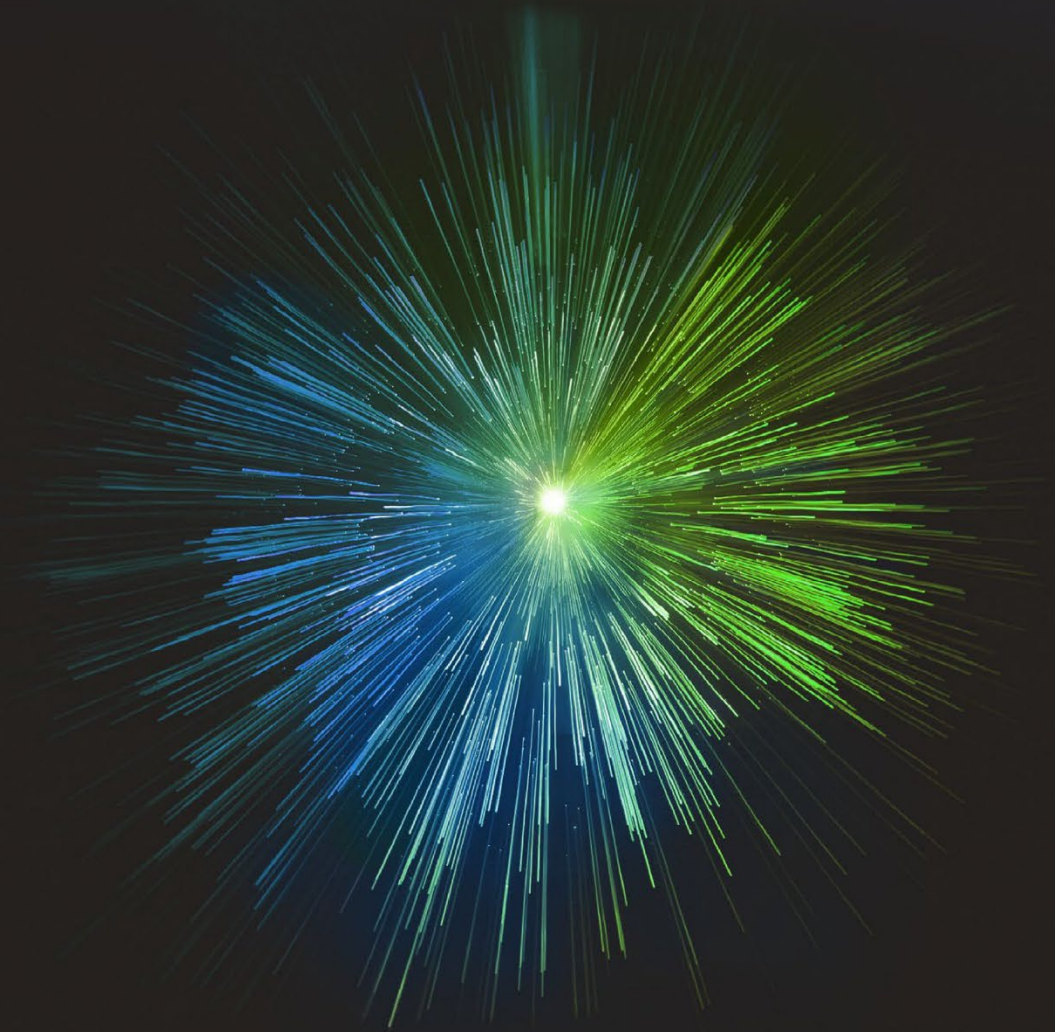
Let's connect:

www.DiameterHealth.com
jdamore@diameterhealth.com

LYNIATE

Integration Redux

(map & reduce)



Co-Creation Lab By LYNIATE

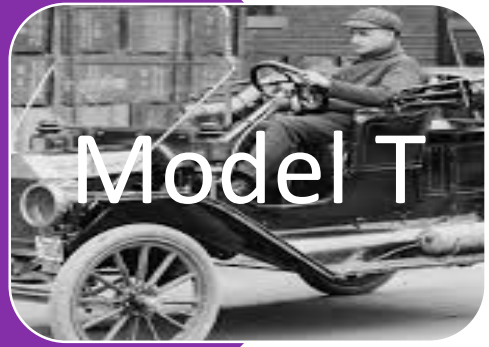
Sean Zitello

Director, Co-Creation Lab

Why are we here?

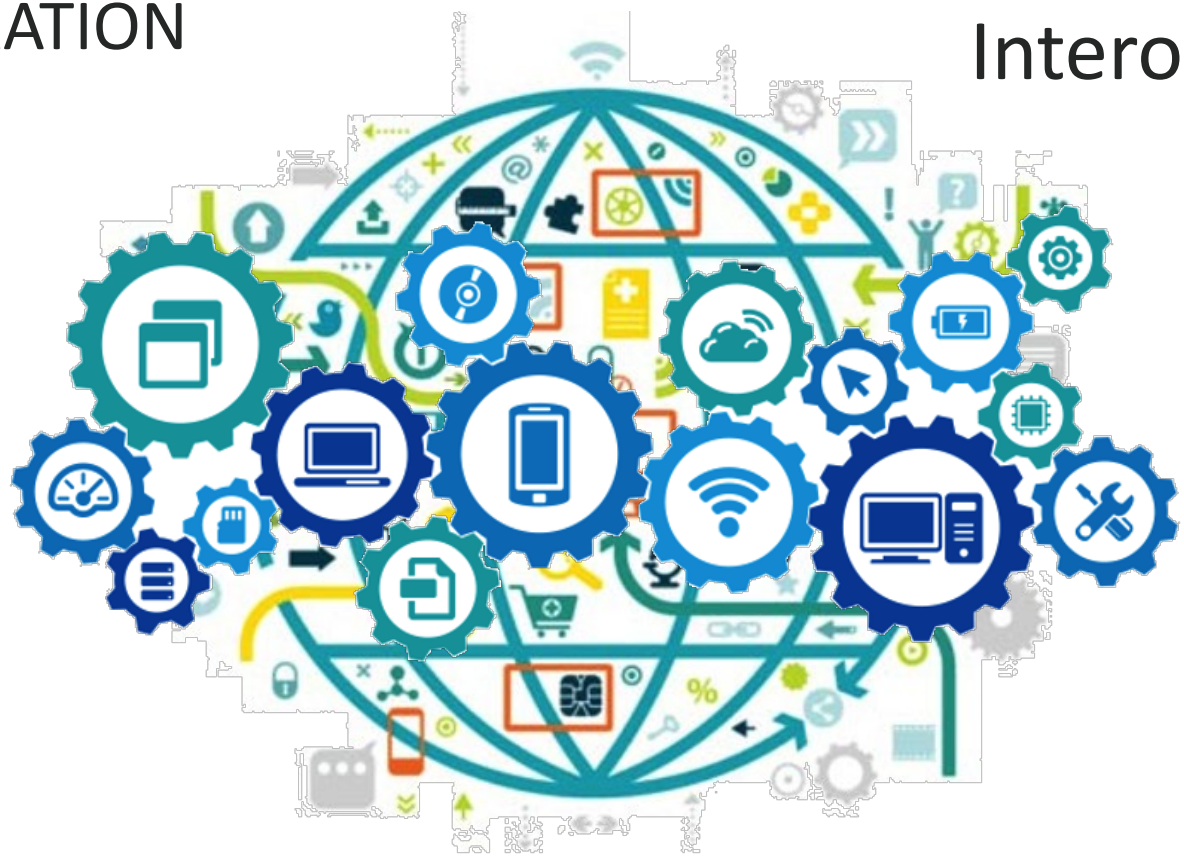
What is this thing called Life?

Chicken ~ Egg

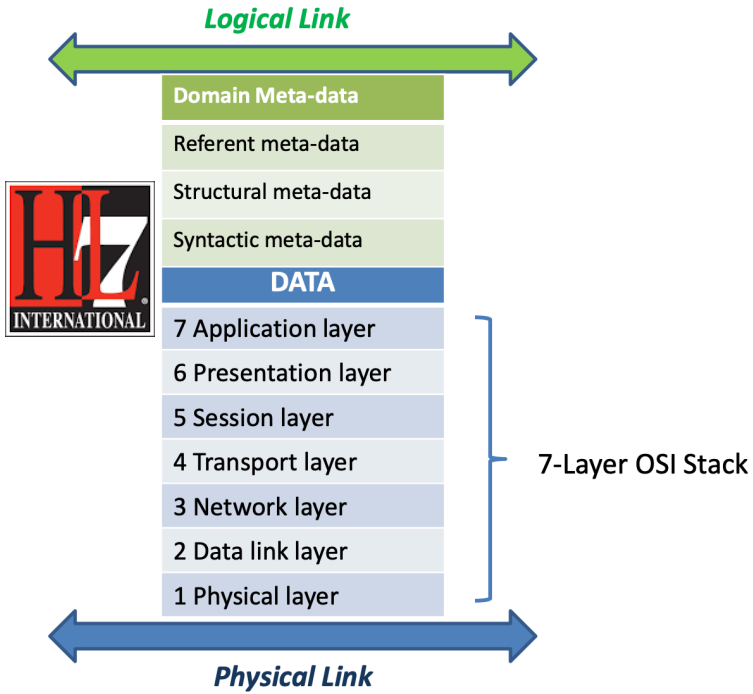


INTEGRATION

Interoperability



Semantic Interoperability



Jeffery T. Pollock, and Ralph Hodgson, *Adaptive Information. Improving Business Through Semantic Interoperability, Grid Computing, and Enterprise Integration*. Wiley-InterScience, 2004, pg. 138

A Short History of Interoperability http://www.mdpnp.org/uploads/1_Robkin_26Jan.pdf

EKG

INTEGRATION

Golden Age of Healthcare IT

Issa Arts Artwork — Identity Crisis. Personal illustrations series

LYNIATE

Integration Redux

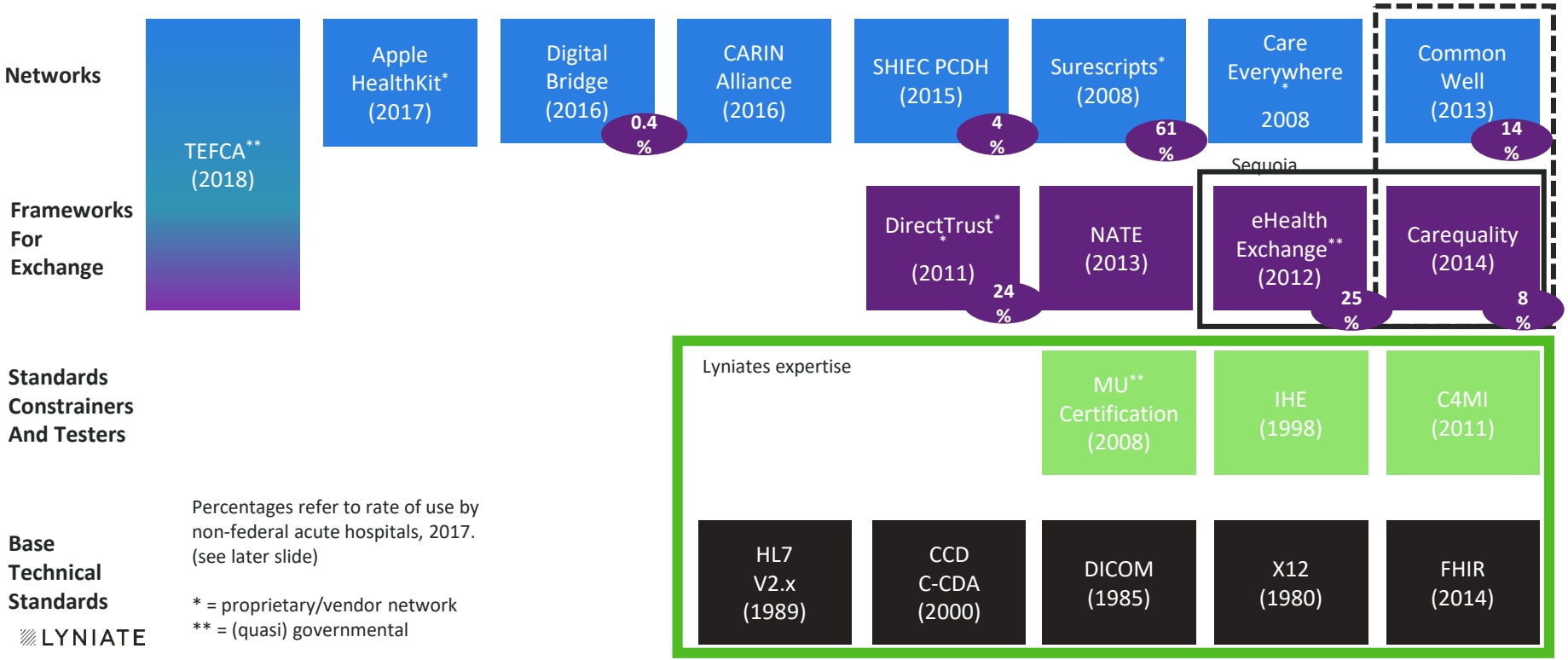
(map & reduce)

Co-Creation Lab
By LYNIATE

Sean Zitello

Director, Co-Creation Lab

Standards Array (Map)

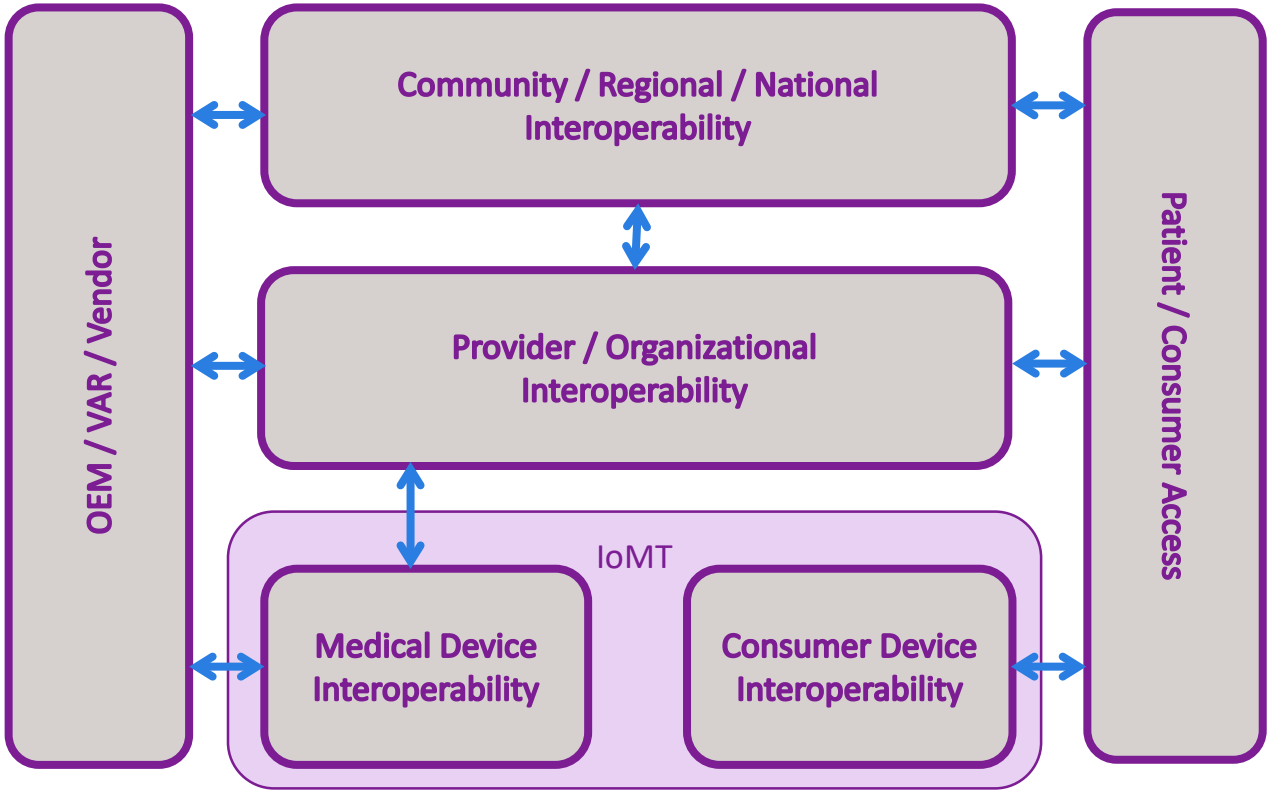


Percentages refer to rate of use by non-federal acute hospitals, 2017. (see later slide)

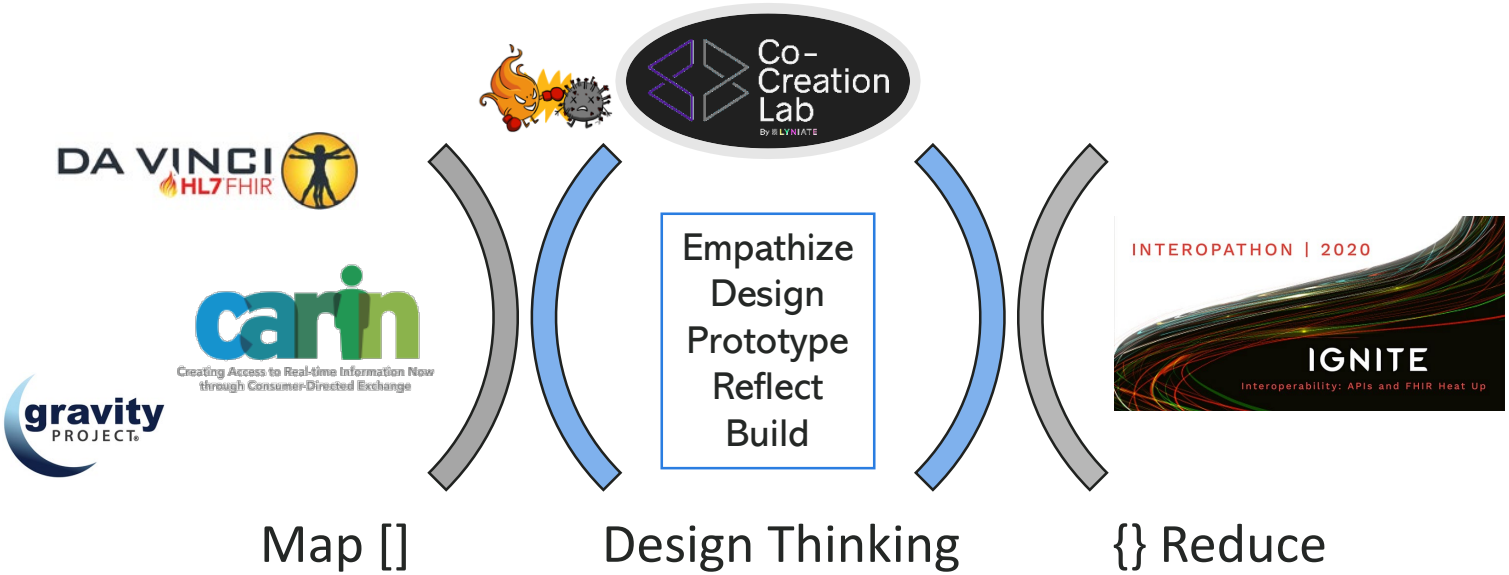
* = proprietary/vendor network
** = (quasi) governmental

LYNIATE

Interoperability Personas (Reduce)



Integration Redux



Map [] Design Thinking {} Reduce

Augusto Health IT

We have the technical expertise, knowledge, and experience to help you execute your vision in healthcare and interoperability.

augustohealthit.com

Who are we?

- We are a custom software design and development consultancy.
- Based in Grand Rapids, MI & Greensboro, NC.
- Founded in 2016.
- We focus on cloud native web, mobile and SaaS solutions.

aws

Google Cloud

Azure

HL7® FHIR®

SCAN ME

Augusto Health IT

Proud sponsors for the second time!

The Augusto team is splitting up to join other teams at the Interopathon. We are looking forward to meeting you and working together.

Paul Warner
MiHIN Engagement Lead/ Agile Coach

Justin Wolgamot
MiHIN TechnicalLead

Anand Nathan
IOL Developer

Sean Wcisel
IOL Developer

Calvin Chopp
UX and Front End Developer

Jim Becher
Technical Lead

Brian Anderson
CEO

Augusto Health IT

SCAN ME

Clients We've Served

MiHIN Shared Services

cloudticity

SEMMA HEALTH

SPARTAN MOTORS

WAKE FOREST UNIVERSITY

INTEROPERABILITY INSTITUTE

CANDELA™

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orbitalRX

HAWORTH®

feyen zylstra

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Global Value Commerce

Augusto Health IT

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What We Do

- **App Development**
  - Web
  - Mobile
  - SaaS
- **Staff Augmentation**
  - Project Managers
  - Cloud Solution Engineers
  - Application Developers
  - Remote & Integrated Development Teams
- **E-commerce Solutions**
  - B2C, B2B, B2B2C
  - Payment API Integrations
- **Cloud Engineering**
  - Serverless
  - Database Services
  - Mobile Services
  - Data and Analytics
  - DevOps
  - Infrastructure as Code
  - Containers
  - Security

Augusto Health IT

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Partner Highlight

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

We have partnered with MiHIN from vision, development and support of multiple products including:

- Interoperability Land
- Advanced ACRs
- eConsent Management

Augusto Health IT

> Augusto's agile, product focused approach has delivered fantastic results for us in a short amount of time. If you're looking for a digital partner that makes your business, stakeholders, goals, constraints, and users an integral part of their software development process, give Augusto a call."

Matt E
Michigan Health Information Network (MiHIN)

SCAN ME

Do you need helping accelerating interoperability work?

We offer free consultations. Contact us today!

General Contact | www.augustohealthit.com/contact-us

Brian Anderson | brian@augustoheathit.com

Paul Warner | paul@augustohealthit.com

Augusto Health IT


Augusto Health
HELPING YOU EXECUTE YOUR VISION

CMS Patient Access Rule Requirements for Health Plans

- https://1up.health/products/cms-rule

Contact kyle@1up.health, ricky@1up.health to learn more

Contents

About 1upHealth

10K
Connected Health Centers

650
Healthcare Companies on 1up APIs

7000
Transactions processed / second

10
Government Awards in Healthcare

1up works with

Boston Children's Hospital

TOP 4 NATIONAL HEALTH PLAN

MassMutual

VERTEX

Google

Harvard

University of Virginia

Princeton

National Coordinator for Health Information Technology

The White House

01

MassChallenge HealthTech Winner (Best Co) 2019

$1M LEAP Award for FHIR Bulk Data ONC Winner 2018

Secure FHIR Server Challenge HHS 1st place 2018

Privacy Policy Snapshot Challenge HHS 2017

HealthCare Data Provenance Winner ONC 2018

Consumer Health Data Aggregator Award HHS 2017

https://1up.health

Data sharing via patients is happening

Carin Alliance Health App Gallery

1upHealth *built the* ***CARIN*** *Alliance Healthcare App Gallery showcasing FHIR Apps*

MassMutual Using 1up for Life Insurance Clients

*"****1upHealth*** *are working with* ***MassMutual*** *to make sure we can all get our life insurance even though we cant be close to each other"*

Partners Healthcare Online Second Opinions

Partners Healthcare *Online Second Opinions using* ***1upHealth*** *to get clinical data for provider second opinions*

21st Century Cures Act Overview

21st Century Cures Act (Cures Act)

Signed into law in December 2016, defined interoperability and prohibited information blocking. The Cures Act gave HHS further ability to propose and enact regulations.

ONC Final Cures Act

Final Rule released March 2020, covering Health IT Certification requirements and defining exceptions to information blocking

CMS Patient Access Rule

CMS Final Rule released March 2020 including requirements for CMS-regulated health plans, Providers, and Hospitals

(Focus of presentation)

Who is Being Regulated: CMS plans

1. Medicare Advantage (MA) organizations,
2. Medicaid Fee-for-Service (FFS) programs,
3. Medicaid managed care plans,
4. CHIP FFS programs,
5. CHIP managed care entities,
6. QHP issuers on the FFEs*

**excluding issuers offering only Stand-alone dental plans (SADPs) and QHP issuers offering coverage in the Federally-facilitated Small Business Health Options Program (FF-SHOP)*

Requirements for Health Plans

1. **Patient Access API - *by July 12021***

   Patients must be able to share claims, encounter, clinical & formulary data data via FHIR APIs & developers must be able to access

2. **Provider Directory API - *by July 12021***

   Public API provider directory for in-network doctors & pharmacies

3. **Payer-to-Payer Data Exchange - *by Jan 12022***

   Ability for health plans to share health information with another health plan to which the member transitions

Product Overview

Health plans can utilize one module or a **fully integrated solution to cover all CMS requirements**

Integrated FHIR Platform as a Service

Data Transformation

- Claims, Encounters > FHIR R4
- Provider directory integration

FHIR Server

- Cloud-based, auto update, serverless
- HIPAA compliant, SOC-II Audited
- Supports R4

3rd Party Access Mgmt

- Developer / member token management
- Developer console
- OAuth2 consent member app

Developer + Member Support

- Community, dev, & member support
- 3rd party app policy /security reviews
- FAQs /API Docs

Platform Capabilities

- FHIR Bulk Data
- Subscriptions
- SQL interface for analytics
- Automatic updates

Winner of ONC health data provenance award

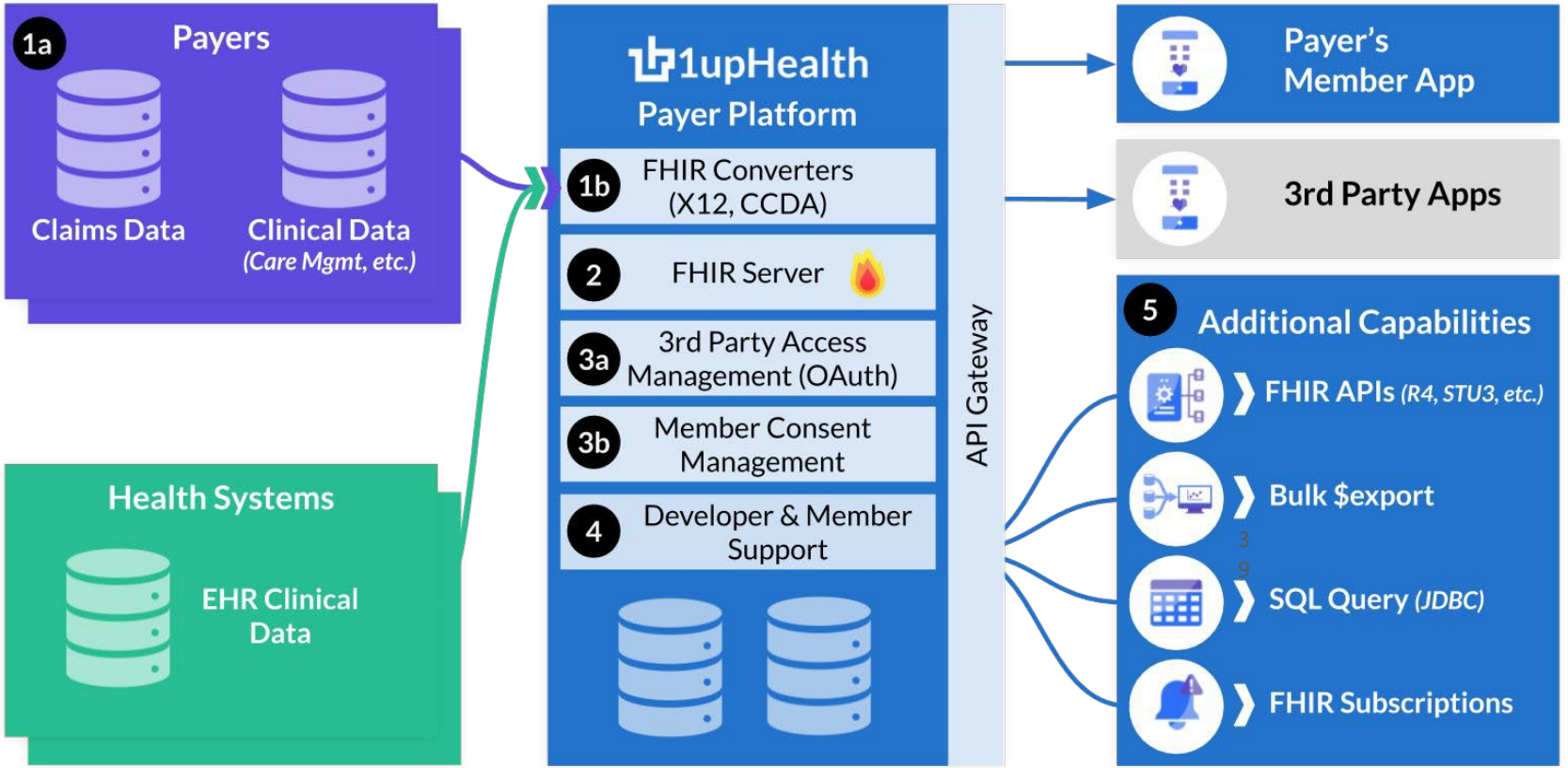
Winner of HHS secure FHIR server challenge

Award for HSS consumer health data aggregator

Winner of HHS privacy policy snapshot

Winner of HHS $1M Bulk Data LEAP Grant

Architectural Overview



Deployment Options

SaaS Multi tenant

- Deployed on 1up's Serverless stack
- Data is logically isolated from customers
- Fully managed by and hosted by 1upHealth

SaaS Single Tenant

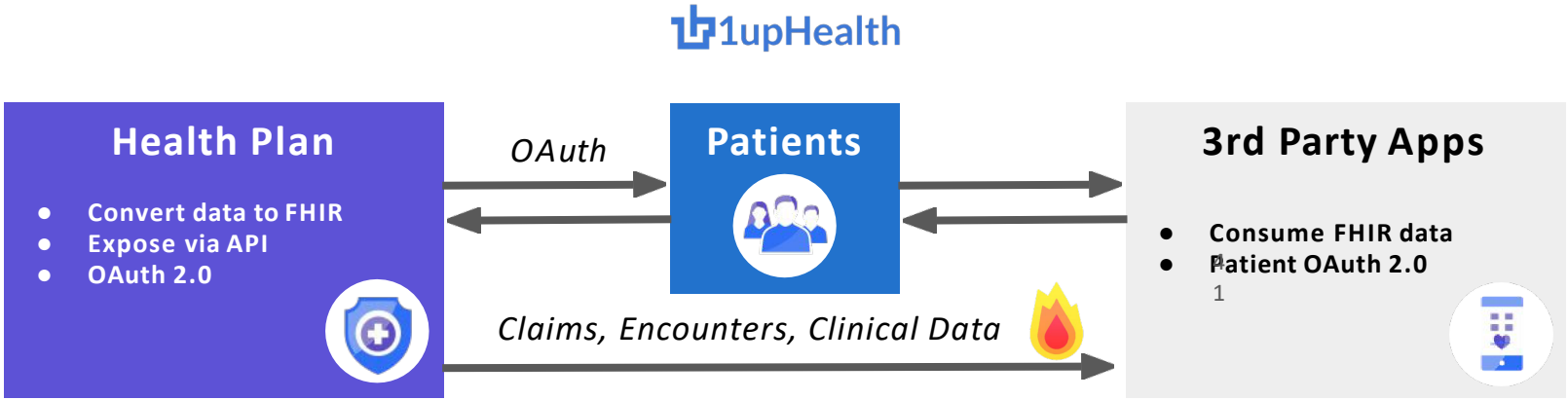
- Deployed on 1up's Serverless stack
- Only your data in this environment
- Fully managed by and hosted by 1upHealth

PaaS Managed Deploy

- Deployed on your serverless public cloud
- Runs within your own VPC
- Managed by 1up externally

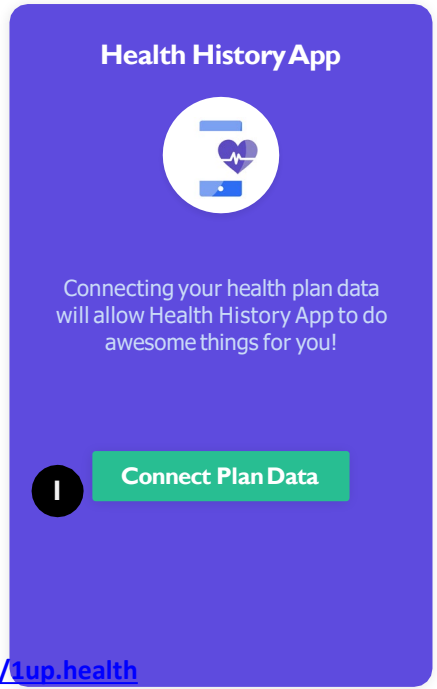
Patient Access API - *by July 2021*

CMS-regulated health plans are required to implement a HL7 FHIR R4 API that allows patients to access their claims, encounter and a subset of their clinical info through 3rd party apps of their choice



3-Legged OAuth2 Flow (1 of 2)

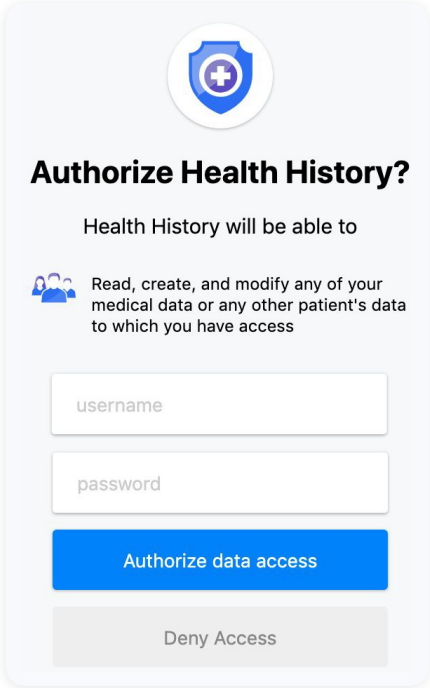
3rd-Party Health App
(requesting a connection with a health plan)



CMS Rule 3-Legged OAuth2
1upHealth Auth Flow

1. User taps a "connect" button or link in 3rd-Party App
2. 3rd-Party application redirects the user to a Health Plan (1upHealth) Authentication webpage
3. User logs into the Health Plan's (1upHealth's) ConsentApp
4. 1upHealth redirects the user back to the 3rd-Party app using the app's **redirect_uri** with an **auth code**

Health Plan Member ConsentApp
(white-labeled 1upHealth)

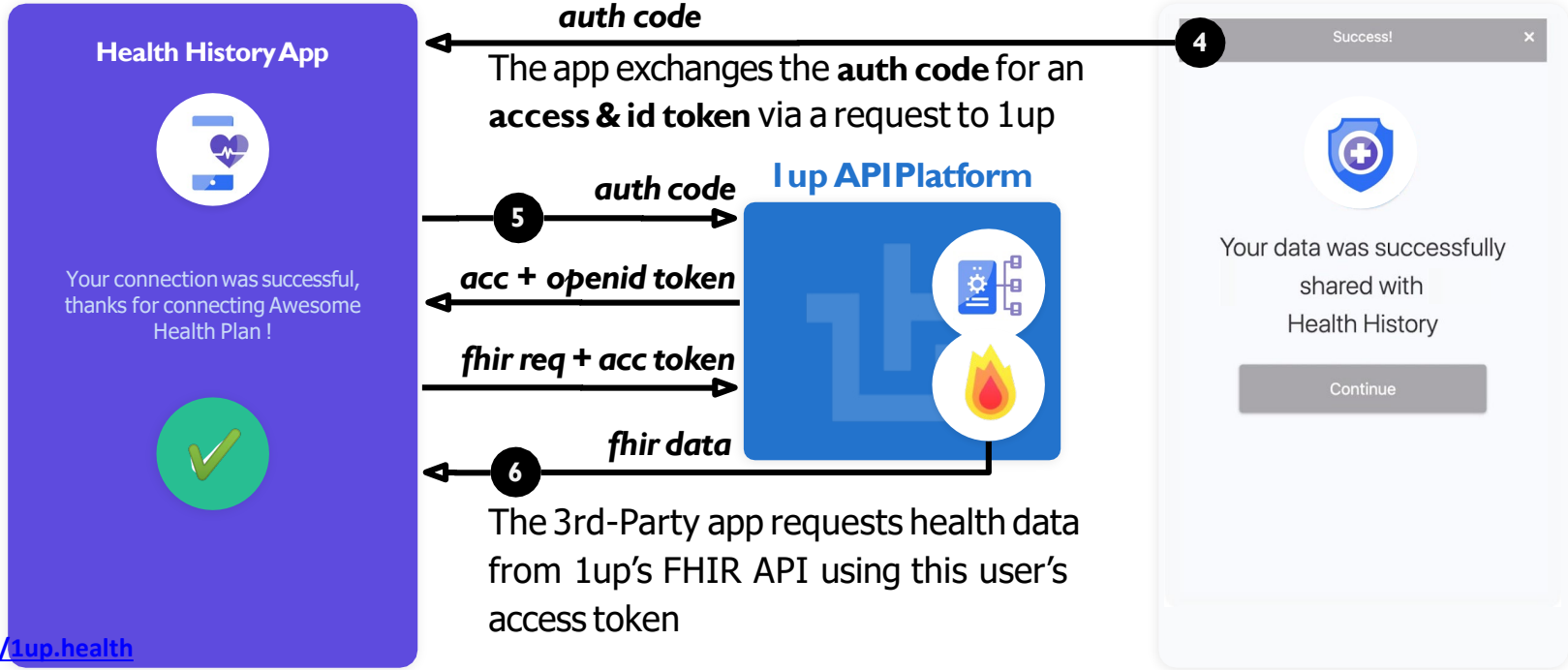


3-Legged OAuth2 Flow (2 of 2)

CMS Rule 3-Legged OAuth2
1upHealth Auth Flow

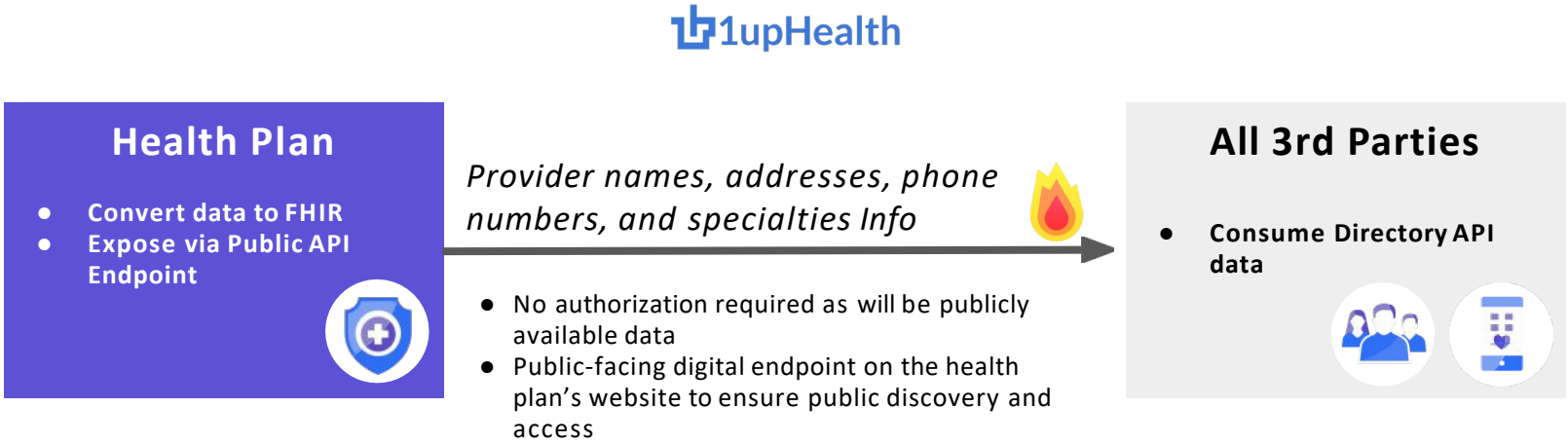
3rd-Party Health App
(requesting a connection with a health plan)

Health Plan Member Consent App
(white-labeled 1upHealth)



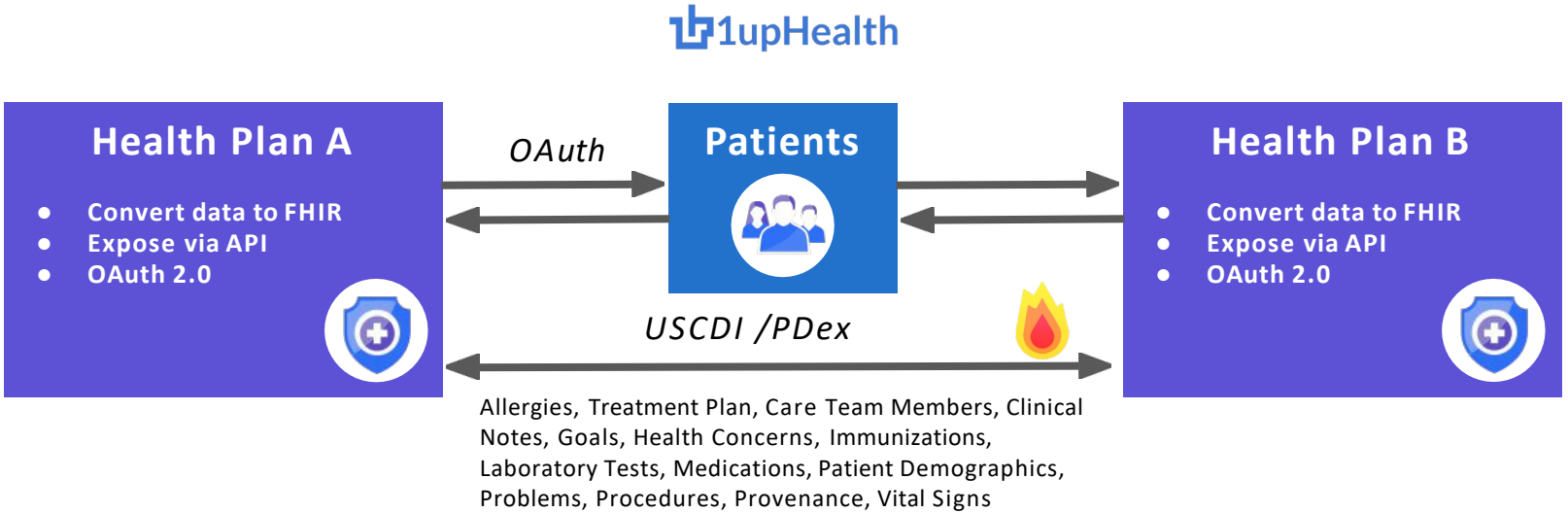
Provider Directory API - *by July 2021*

CMS-regulated health plans (except QHP issuers on the FFEs) are required to make provider directory information publicly available via a standards-based API.



Payer to Payer Data Exchange - *Jan '22*

CMS-regulated health plans are required to exchange certain patient clinical data (specifically the U.S. Core Data for Interoperability (USCDI) (this is a spec on top of FHIR) at the patient's request



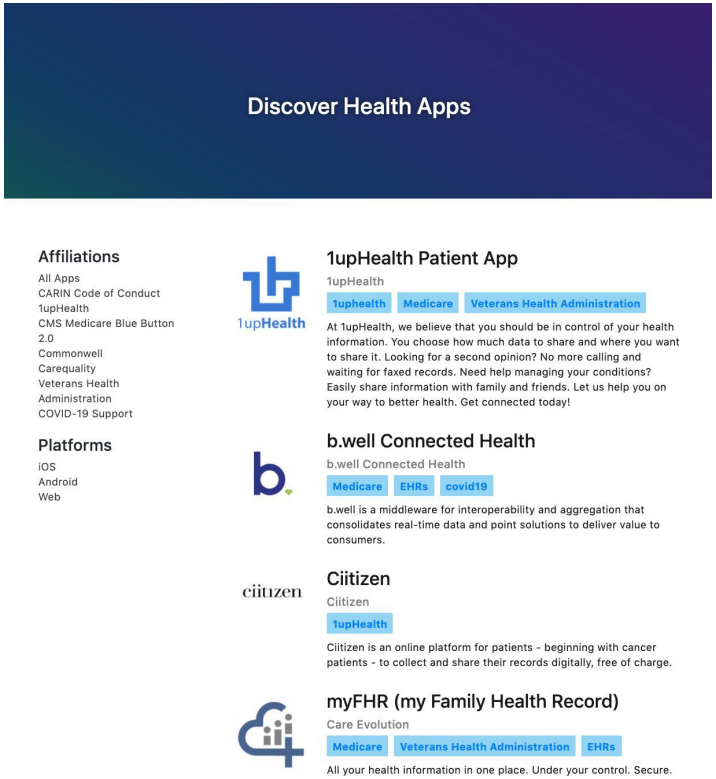
3rd-Party Application Vetting / Gallery

Terms of Service /Privacy Policy Review

Do you notify members in the event of a breach? Allow members “to be forgotten”

Security Review - External vulnerability scanning tool like Rapid 7 or Veracode

Staffing - This needs some human oversight on an ongoing basis. 1up has to do it for all the apps that we authorize for CMS, VA, Epic, Cerner, etc.



Why 1upHealth

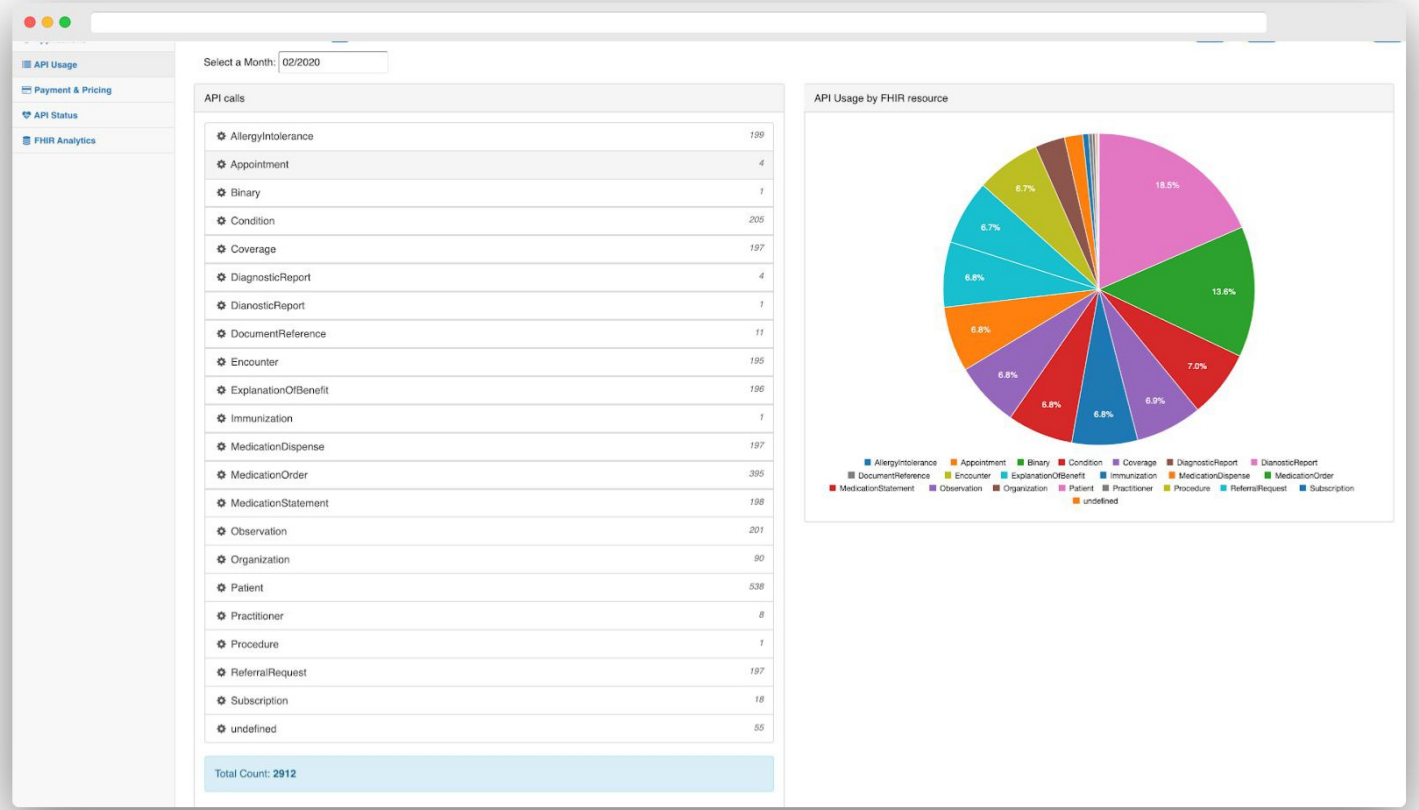
1. Fully integrated, award-winning FHIR platform **already in production at health plans with millions of members**
2. **Technology and support** to meet the CMS regs
3. 1up offers the **largest FHIR native connectivity across the US** with 10,000 health systems
4. Support **additional payer use cases** like Da Vinci

Questions?

ricky@1up.health

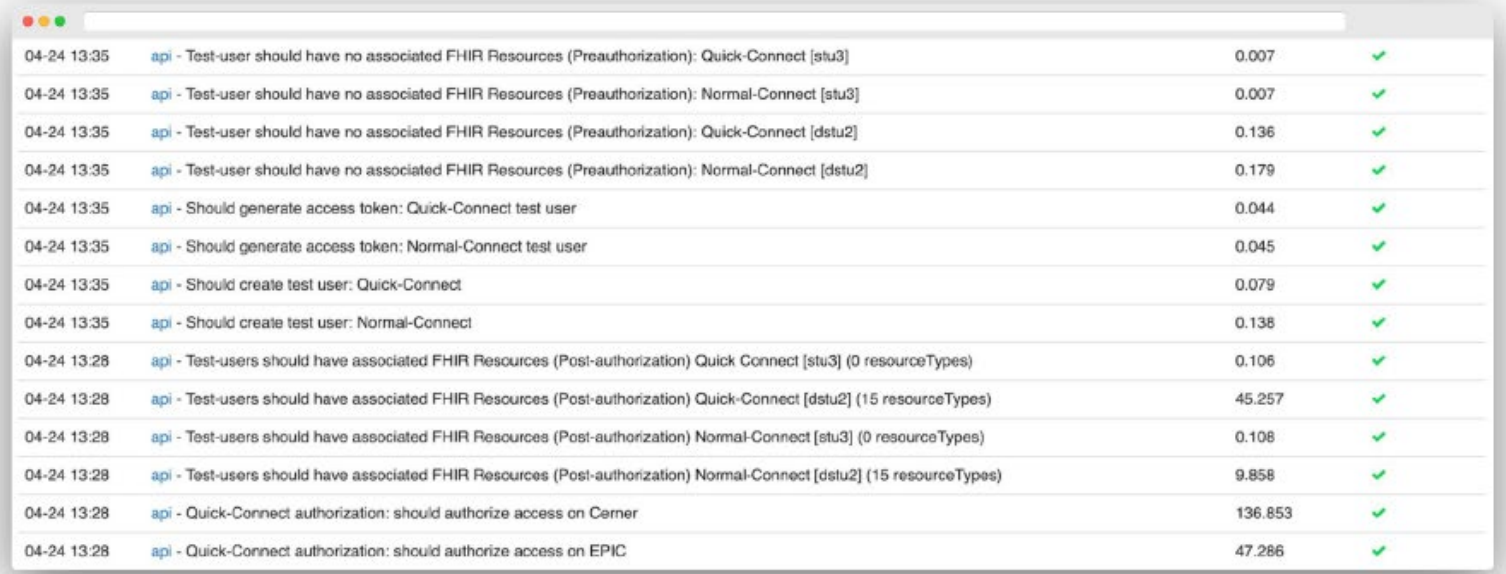
kyle@1up.health

3rd-Party Dev Console API Logging



https://1u

API Tests Logged in Dev Console

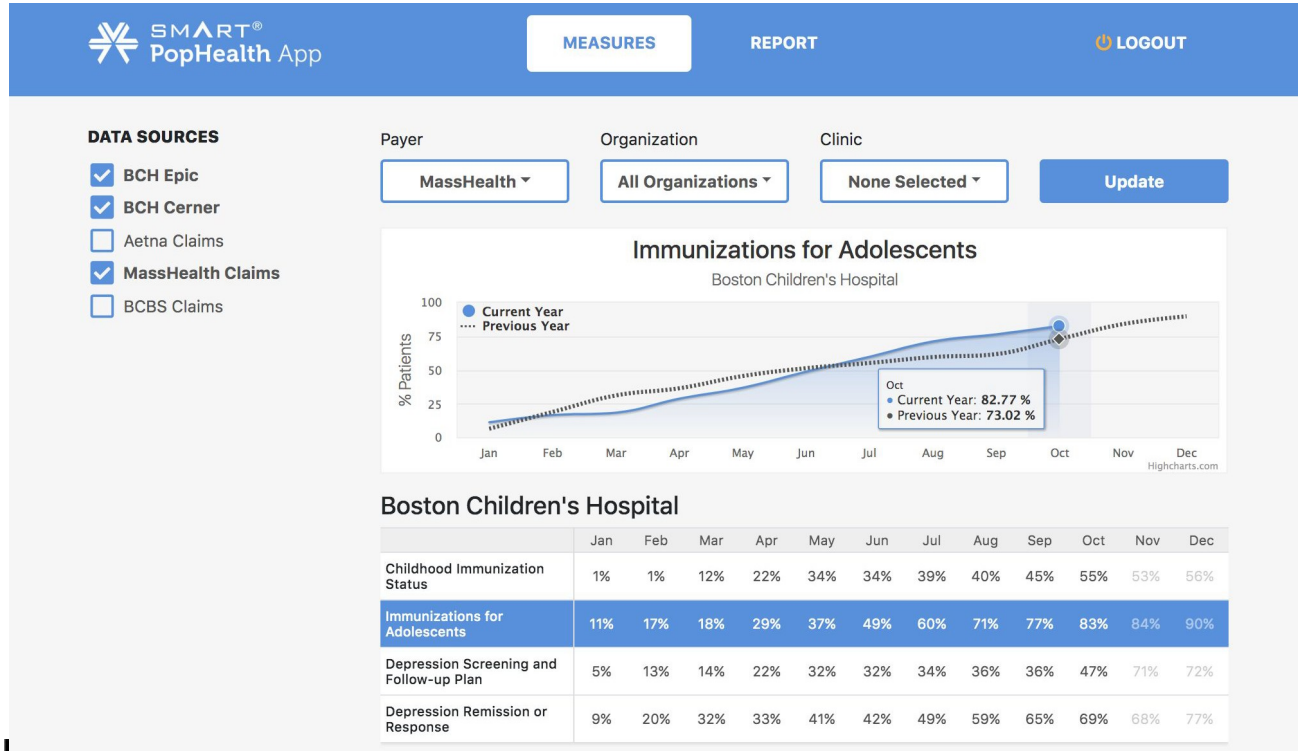


04-24 13:35	api - Test-user should have no associated FHIR Resources (Preauthorization): Quick-Connect [stu3]	0.007	✔
04-24 13:35	api - Test-user should have no associated FHIR Resources (Preauthorization): Normal-Connect [stu3]	0.007	✔
04-24 13:35	api - Test-user should have no associated FHIR Resources (Preauthorization): Quick-Connect [dstu2]	0.136	✔
04-24 13:35	api - Test-user should have no associated FHIR Resources (Preauthorization): Normal-Connect [dstu2]	0.179	✔
04-24 13:35	api - Should generate access token: Quick-Connect test user	0.044	✔
04-24 13:35	api - Should generate access token: Normal-Connect test user	0.045	✔
04-24 13:35	api - Should create test user: Quick-Connect	0.079	✔
04-24 13:35	api - Should create test user: Normal-Connect	0.138	✔
04-24 13:28	api - Test-users should have associated FHIR Resources (Post-authorization) Quick Connect [stu3] (0 resourceTypes)	0.106	✔
04-24 13:28	api - Test-users should have associated FHIR Resources (Post-authorization) Quick-Connect [dstu2] (15 resourceTypes)	45.257	✔
04-24 13:28	api - Test-users should have associated FHIR Resources (Post-authorization) Normal-Connect [stu3] (0 resourceTypes)	0.108	✔
04-24 13:28	api - Test-users should have associated FHIR Resources (Post-authorization) Normal-Connect [dstu2] (15 resourceTypes)	9.858	✔
04-24 13:28	api - Quick-Connect authorization: should authorize access on Cerner	136.853	✔
04-24 13:28	api - Quick-Connect authorization: should authorize access on EPIC	47.286	✔

Implementation Overview

Initial Design *(3 to 4 weeks)*	Development and testing *(4 to 6 weeks)*	Long term support & maintenance
• Determine available resources (personnel, cloud space, etc.) • Convene a team to scope, build, test, and maintain the API • Perform a data availability scan to determine any gaps between internal data models and the data required for the necessary FHIR resources • Mitigate any gaps discovered in the available data • Map existing data to FHIR **(bulk of the work required for implementation)**	• Allocate hardware for the necessary environments (dev, testing, prod) • Build a new FHIR server or leverage existing FHIR servers • Determine the frequency and method by which internal data is populated on the FHIR server • Build connections between the databases and FHIR server • Perform capability and security testing • Vet third-party applications - which includes potentially asking third-party applications to attest to certain privacy provisions	• Allocate resources to maintain the FHIR server • Perform capability and security testing

Boston Children's Hospital Population Health Application



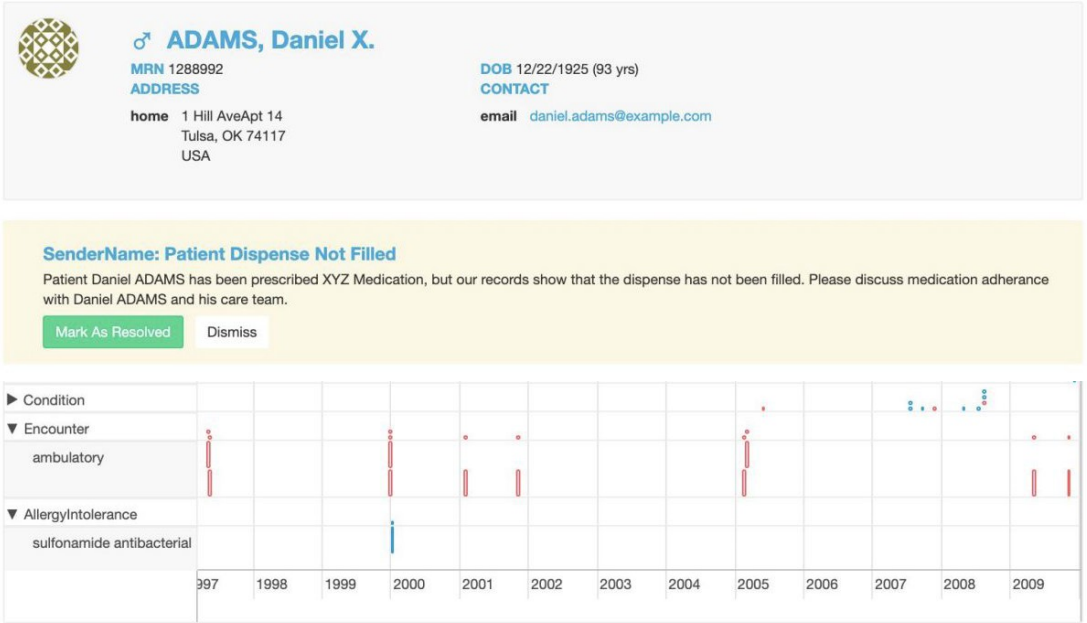
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Childhood Immunization Status	1%	1%	12%	22%	34%	34%	39%	40%	45%	55%	53%	56%
Immunizations for Adolescents	11%	17%	18%	29%	37%	49%	60%	71%	77%	83%	84%	90%
Depression Screening and Follow-up Plan	5%	13%	14%	22%	32%	32%	34%	36%	36%	47%	71%	72%
Depression Remission or Response	9%	20%	32%	33%	41%	42%	49%	59%	65%	69%	68%	77%

Old Way

- 10 person team
- Manual data extraction every 3 months
- Custom queries and reports
- No visibility across clinical +claims data
- Retrospective only

Provider - Top 4 Payer Integration

Aggregating clinical member population data from 5 joint venture health systems across multiple markets / EHRs Payer analyzes data and generate insights to embed directly into the provider workflow

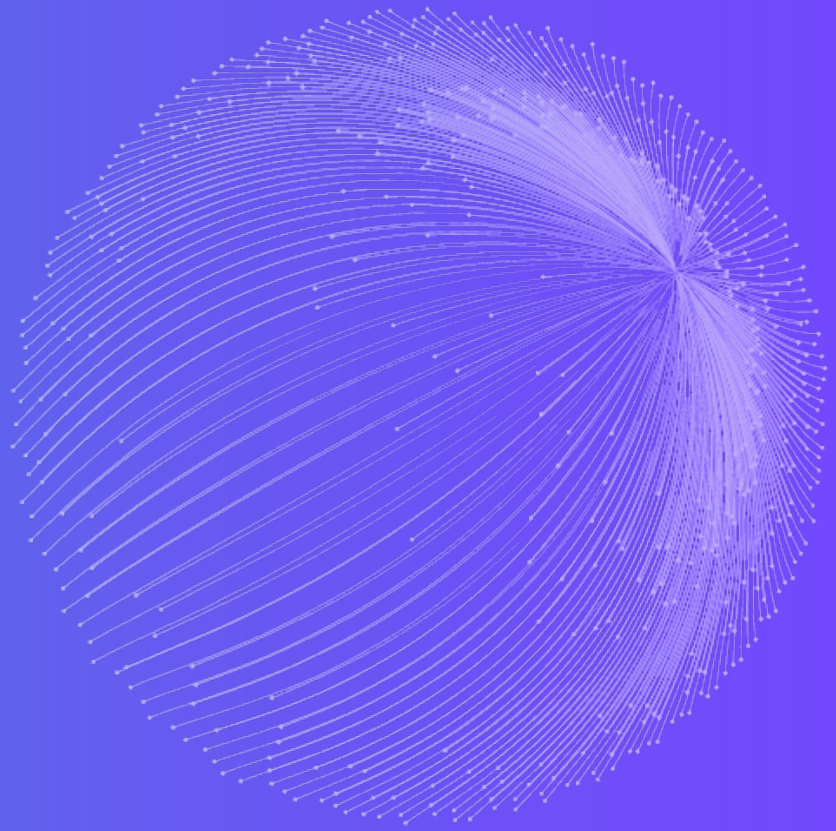


Old Way

- Flat file exchange
- Separate reporting on lagged claims vs clinical data
- One-off point integrations

Interoperability and APIs in the Age of COVID-19

Ali Zaman, VP of Marketing



Our APIs enable developers to access data seamlessly, powering fundamental clinical workflows for end-users

Developers choose HG to solve multiple data access needs without having to work with multiple vendors

Patient360 API

Retrieve medical records from EHR systems

CPOE API

Place lab orders & receive test results

NLP API

Structure clinical data from text and images

eFax API

Send and receive fax documents to any provider

FHIR Store API

Store all FHIR resources with read/write capabilities

ID Verification API

Authenticate provider & patient identity

Provider Lookup API

Search an enriched national database of providers and labs

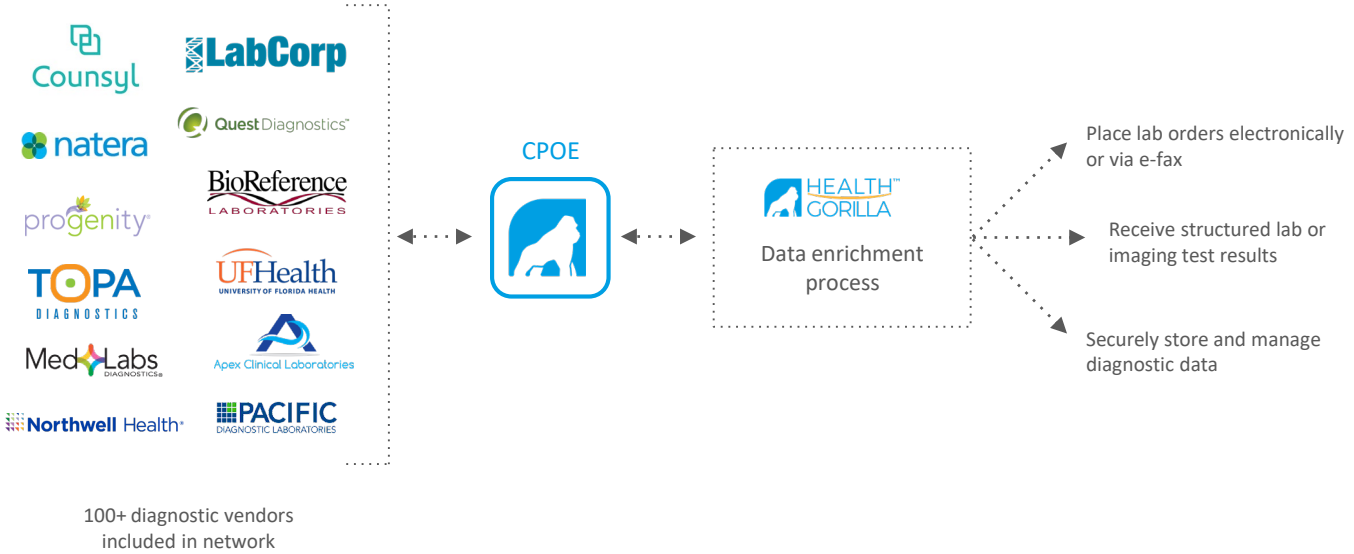
HEALTH GORILLA™

Leaders in digital health use our FHIR APIs to retrieve high quality patient data from thousands of vendors

INVITAE heal ciitizen k dr chrono FORWARD

PATIENTPING remedy galileo bio medocity HealthChampion

Health Gorilla's diagnostic network enables developers and providers to place orders & receive test results from 100+ labs



Processed over 7,000 COVID-19 test results through our API

8.7% positivity rate

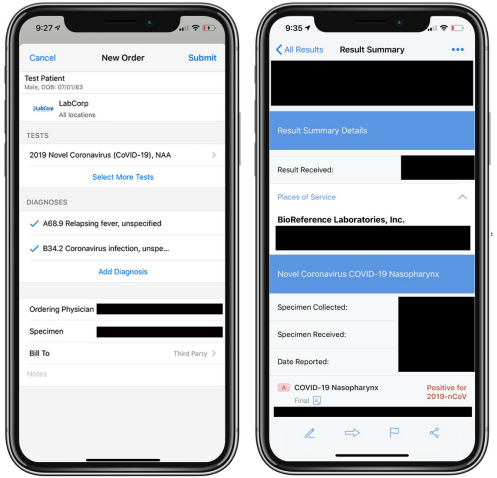
8.7% of patients who were tested by our provider users tested positive for COVID-19

3 day turnaround time

On average, it took 3 days to get results back after the initial order was placed

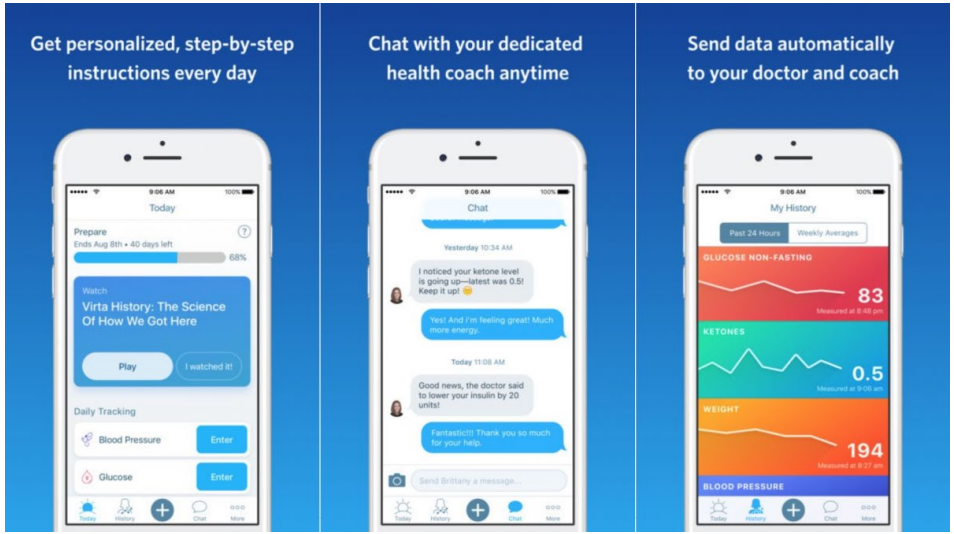
Test volume starting to slow

Testing volume spiked in April and is now beginning to decelerate.



Virta Health uses our APIs to track lab values for their patients, enabling revenue recognition from payers

virta



Virta places ~8000 calls to our API every week.

Virta uses our API to automatically trigger lab orders for any patient enrolling in or receiving treatment in their program.

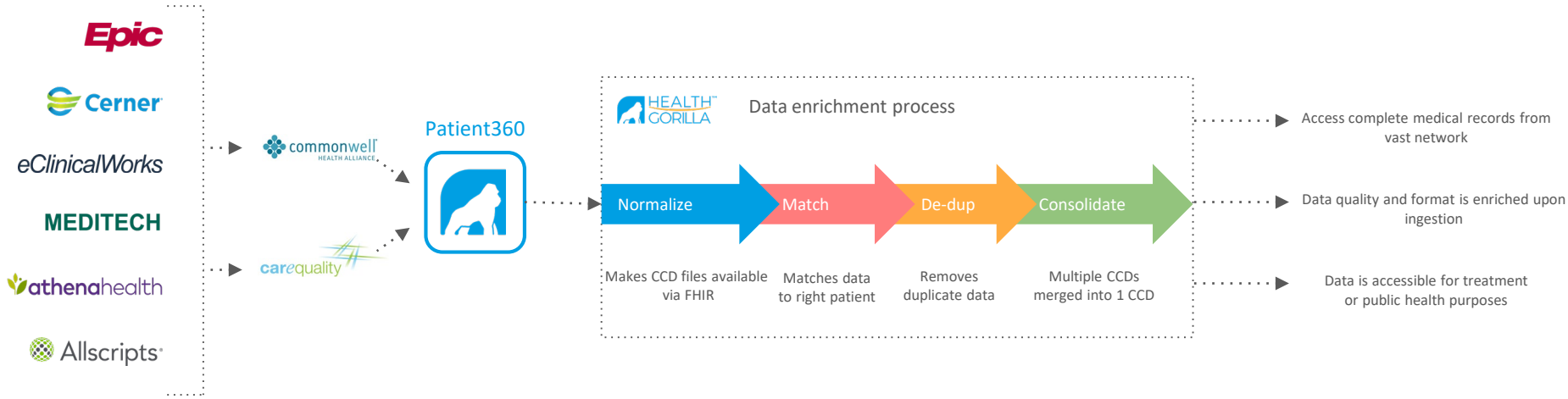
"Tapping into Health Gorilla's vast network of diagnostic vendors via a single API based on modern standards enables the successful delivery of chronic disease care at scale, while freeing up engineers to spend time solving technical problems unique to Virta."

Sam Reider
Senior Software Engineer

HEALTH GORILLA™

Health Gorilla is a certified connector of CommonWell and Carequality

Together, this enables clinical record retrieval from over 65,000 care sites.



90% of acute EHRs
60% of ambulatory EHRs

Health policy leaders are encouraging public health agencies to streamline COVID-19 clinical data retrieval efforts

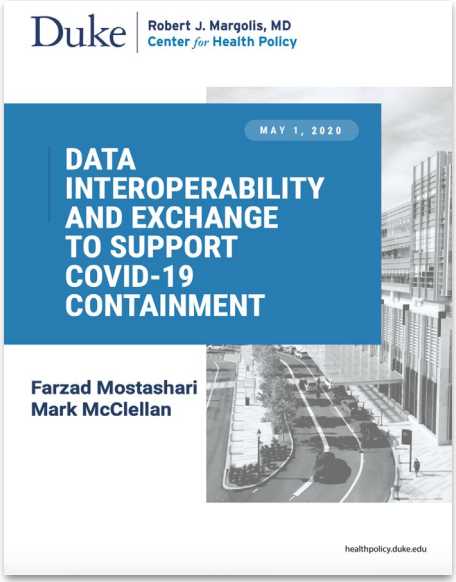
Authored by former ONC head and former CMS admin on 5/1/2020

2. Supplement Case Investigations with Clinical Data

State and local health officials should use their existing public health legal authority to define the minimum data necessary for the COVID-19 containment "use case" as a routine part of onboarding into widely-used clinical data exchanges

The trust framework governance entities that oversee secure data exchange should adopt policies necessary for universal responses to authorized public health queries, in a manner that is fully transparent to all participants and fully auditable.

State and local public health officials should evaluate and choose a portal-based connector as an "on-ramp" to access data, ensuring they meet key functional and security criteria.



Source: Duke University Interoperability Report published 5/1/2020.

HEALTH GORILLA™

Health Gorilla has been recommended as only clinical exchange portal that met functional and security criteria for public health depts

- The current process to retrieve medical records is a highly manual & burdensome process
- Today, this involves calling practices and requesting records over fax, or asking providers for their EHR credentials
- Health Gorilla's Patient360 solution allows public health departments to do 1 mass query, and retrieve all data on a particular patient from most major EMR systems in the US

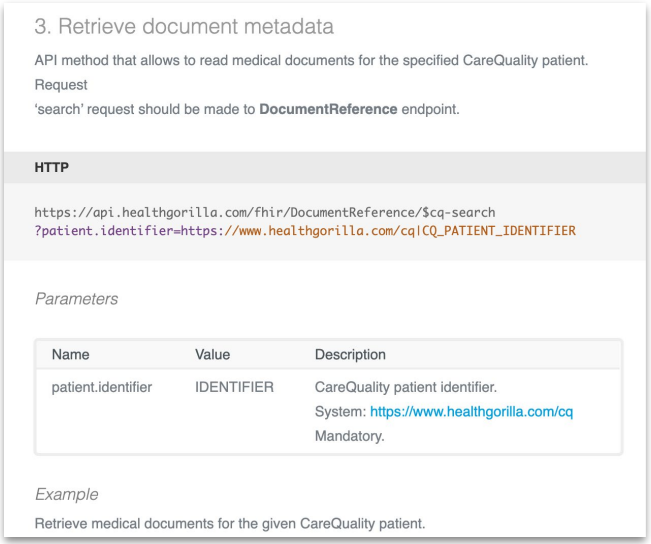
Where there are pre-existing relationships between public health and state/ local HIEs that have broad coverage, the public health agency may choose to use those entities either directly, or as "on-ramps" to other trusted exchanges. Where that option is not available, or coverage is inconsistent, and matching is inadequate, public health jurisdictions should consider portal-based connectors. After a review of current options, **our current recommendations are for state/local public health departments to consider and evaluate two intermediaries that offer the greatest chance of meeting public health utility based on our key selection criteria (see Appendix on page 12).**

1. Health Gorilla, which is both a Member of CommonWell and an Implementer on Carequality, currently provides query access to all acute-care sites on both networks, and maintains its own set of services (MPI and RLS) and capabilities (event notifications) that could increase utility for public health.

Source: Duke University Interoperability Report published 5/1/2020.

In addition to minimum dataset required for COVID-19 cases, public health departments will have access to comprehensive set of clinical data

- Labs
- Imaging
- Vitals
- Allergies
- Immunizations
- Medications
- ADTs
- Progress notes
- Social history
- Encounters
- Family history
- Medical equipment



3. Retrieve document metadata

API method that allows to read medical documents for the specified CareQuality patient.
Request
'search' request should be made to **DocumentReference** endpoint.

HTTP

```
https://api.healthgorilla.com/fhir/DocumentReference/$cq-search
?patient.identifier=https://www.healthgorilla.com/cq|CQ_PATIENT_IDENTIFIER
```

Parameters

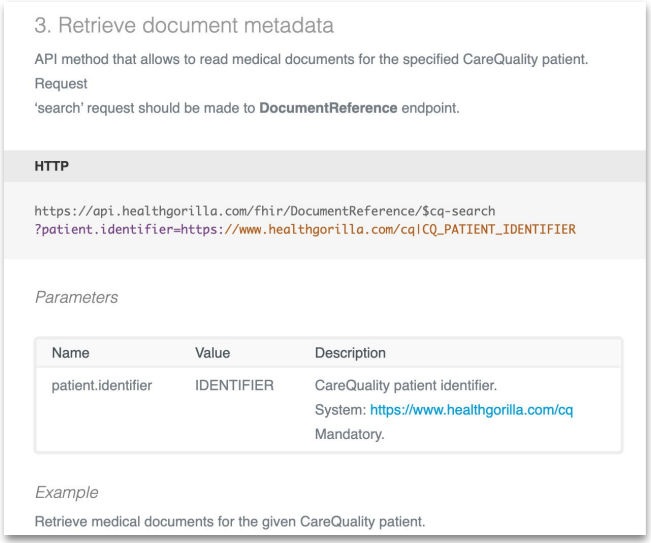
Name	Value	Description
patient.identifier	IDENTIFIER	CareQuality patient identifier. System: https://www.healthgorilla.com/cq Mandatory.

Example

Retrieve medical documents for the given CareQuality patient.

Available via API and web-based app

Technical documentation is accessible at
developer.healthgorilla.com



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```

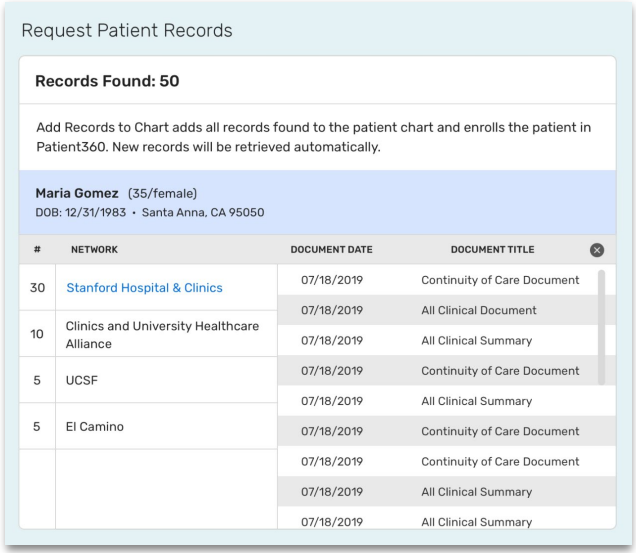
Parameters

Name	Value	Description
patient.identifier	IDENTIFIER	CareQuality patient identifier. System: https://www.healthgorilla.com/cq Mandatory.

Example

Retrieve medical documents for the given CareQuality patient.

Receive an account on healthgorilla.com to place lab orders and retrieve records



Request Patient Records

Records Found: 50

Add Records to Chart adds all records found to the patient chart and enrolls the patient in Patient360. New records will be retrieved automatically.

Maria Gomez (35/female)
DOB: 12/31/1983 • Santa Anna, CA 95050

#	NETWORK	DOCUMENT DATE	DOCUMENT TITLE
30	Stanford Hospital & Clinics	07/18/2019	Continuity of Care Document
		07/18/2019	All Clinical Document
10	Clinics and University Healthcare Alliance	07/18/2019	All Clinical Summary
		07/18/2019	Continuity of Care Document
5	UCSF	07/18/2019	All Clinical Summary
		07/18/2019	Continuity of Care Document
5	El Camino	07/18/2019	Continuity of Care Document
		07/18/2019	All Clinical Summary
		07/18/2019	All Clinical Summary

Documentation is available at

http://developer.healthgorilla.com

azaman@healthgorilla.com

Social Determinants of Health Track

Housing Instability Screeners from the HSLynk Homeless Management Information System (HMIS) with FHIR Resources

NIC NATIONAL INTEROPERABILITY COLLABORATIVE

HSLynk powered by ServingLynk

INTEROPERABILITY INSTITUTE

summary

Overview

The Track Mission

HSLynk

FHIR Resources

Overview

This InterOpathon track was conceived as a subproject of the National Interoperability Collaborative's Project Unify, which seeks to improve communication between human services and health care systems.

Project Unify has four initial use case scenarios; one references the problem of homelessness and the use of Social Determinants of Health (SDoH). For this track, we focus on this SDoH scenario.

Your mission, should you choose to accept it…

1. Find Housing Instability screeners based on the draft Project Gravity master screener list.
2. Get available similar HMIS screener information from HSLynk, an open source human services system to incorporate into your app. HSLynk contains the generated persona.
3. Incorporate FHIR resource information for the matching generated persona into your app.
4. Document SDoH interoperability insights, and possible workflows. Workflows can originate in the FHIR resource, or in the HMIS data.

HSLynk

powered by ServingLynk

open source PaaS

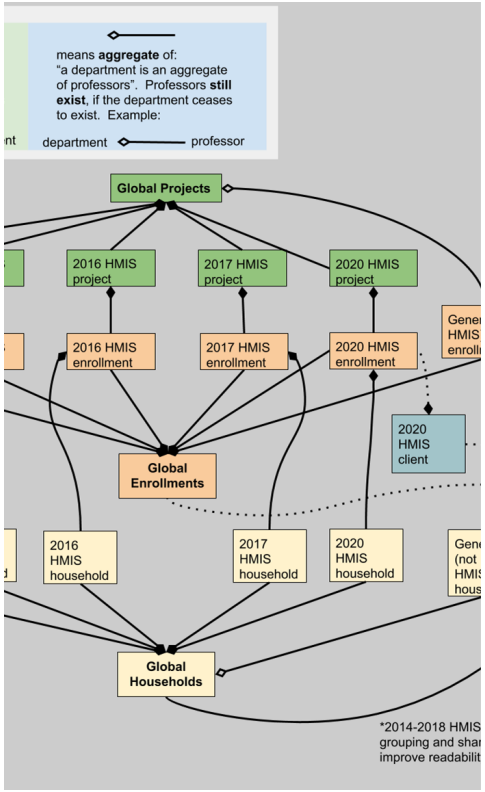
HSLynk is a human services data centric platform.

Resources:

APIs: https://docs.hslynk.com

Wiki: https://github.com/servinglynk/hslynk-open-source-docs/wiki

Track Guide:
https://bit.ly/3cL8yFi



FHIR Resources

- see Track Guide for details on calling HAPI FHIR resources: https://bit.ly/3cL8yFi
- patient match with HSLynk only on the single generated Persona
- generated persona household members are only in HSLynk

See you at the InterOpathon!


Questions?

Thank you!

This concludes our webinar series!
We look forward to “seeing” you next week at the event.

Thursday, May 28th – 29th
9AM EST kickoff on the 28th

For help please contact events@interoperabilityinstitute.org